

NOTICE AND CONSENT FOR REEVALUATION

School District: _____ **Date of Notice:** _____

Parent's Name: _____ **Child's Name:** _____

_____ Public Schools proposes to conduct a multidisciplinary evaluation of your child. The district proposes to reevaluate your child because:

1. Explanation of why the district proposes to reevaluate your child:

2. Any options the district considered:

3. Reasons why the above options were rejected:

4. This proposal is based on the evaluation procedures, tests, records or reports described below:

5. Any other factors which are relevant to this proposal:

6. The estimated amount of time for completing the reevaluation and making the verification decision is:

The district proposes to conduct the following components of the reevaluation:

_____ ***Academic***

_____ ***Intellectual***

_____ ***Perceptual and Motor***

_____ ***Social and Emotional***

_____ ***Speech and Language***

_____ ***Other***

Parents of children with disabilities have rights which are protected under the procedural safeguards of the Individuals with Disabilities Act (IDEA). If you would like a copy of your procedural safeguards or if you have any questions regarding this notice or your rights you may contact:

_____ at _____.
(name) (phone number)

ADDITIONAL RESOURCES

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices:

Lincoln Office:	402-471-2471
Omaha Office:	402-595-2177
Scottsbluff Office:	308-632-1349
Hotline for Disability Services:	800-742-7594
Nebraska Parent Training Center:	800-284-8520 or 402-346-0525
Nebraska Advocacy Services:	800-422-6091 or 402-474-3183

GIVE CONSENT FOR REEVALUATION

I have received a copy of the Notice of this proposed reevaluation, understand the content of the Notice and **give consent** for the multidisciplinary evaluation specified in this Notice. I understand this consent is voluntary and may be revoked at any time.

Signature of Parents

Date

DO NOT GIVE CONSENT FOR REEVALUATION

I have received a copy of the Notice of this proposed reevaluation, understand the content of the Notice and **do not give consent** for the multidisciplinary evaluation specified in this Notice. The reason for not giving consent to the evaluation is:

Signature of Parents

Date